

**REQUEST FOR EXCUSAL FROM JURY DUTY  
MEDICAL**

**(Must be completed by a licensed physician)**

**This individual has asked to be excused from jury duty for medical reasons. Please complete this form- be certain all information is legible- and return to the Jury Commissioner's Office.**

**NAME OF JUROR/PATIENT:** \_\_\_\_\_

**PATIENT'S DATE OF BIRTH:** \_\_\_\_\_

**DATE OF JURY SUMMONS:** \_\_\_\_\_

**JUROR IDENTIFICATION NUMBER:** \_\_\_\_\_

**This patient is under my care for the following medical/health condition(s):**

\_\_\_\_\_  
\_\_\_\_\_

**which precludes him/her from serving on jury duty for the following reasons:**

\_\_\_\_\_  
\_\_\_\_\_

**THIS IS EXCUSAL IS TEMPORARY/PERMANENT. (Circle One)**

**PHYSICIAN'S NAME:** \_\_\_\_\_

**PHYSICIAN'S ADDRESS:** \_\_\_\_\_

**PHYSICIAN'S PHONE NUMBER:** \_\_\_\_\_

**I certify under the penalty of perjury that the above is true and accurate to the best of my information, knowledge, and belief and within a reasonable degree of medical certainty.**

\_\_\_\_\_  
**PHYSICIAN'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**PLEASE SUBMIT TO THE JURY COMMISSIONER  
HARFORD COUNTY CIRCUIT COURT  
jurycommissioner@harfordcountymd.gov  
20 W. COURTLAND STREET  
BEL AIR, MD  
PHONE: 410-638-3251/410-838-3172  
FAX: 410-638-4184**